

# Minnesota Refugee Health Report 2017

Welcome to the annual Refugee Health County Reports. Based on arrival number, counties or regions receive individualized reports. The regions include the Metro, South Central, South East, South West, and West Central districts. The state and regional data can provide a comparison for counties.

We encourage counties to use this report as a tool to measure the effectiveness of the health screening services offered to newly arrived people with humanitarian immigration visas – refugees, asylees, parolees, Amerasians, and certified Victims of Human Trafficking. The Minnesota Department of Health’s Refugee Health Program (RHP) sets these objectives to evaluate some key components of our program’s performance. This county-specific data can also be used for planning and development of appropriate public health responses to immediate and emerging health issues.

Counties and/or clinics submitted domestic refugee health screening results for those who arrived between January 1 and December 31, 2017. Data were reported via the Refugee Health Assessment Form (“pink” form), electronically through eSHARE, or on the Outcome Form. In 2017, there were 1,103 new primary refugee arrivals to Minnesota; 92 percent had arrived with a refugee visa. The remainder arrived as asylees, parolees, and certified victims of trafficking. These will be collectively referred to as “refugees” throughout this report. The largest arriving populations in 2017 were from Somalia (446 arrivals), Burma (167 arrivals), Ethiopia (124 arrivals), Afghanistan (90 arrivals), and Iraq (66 arrivals).

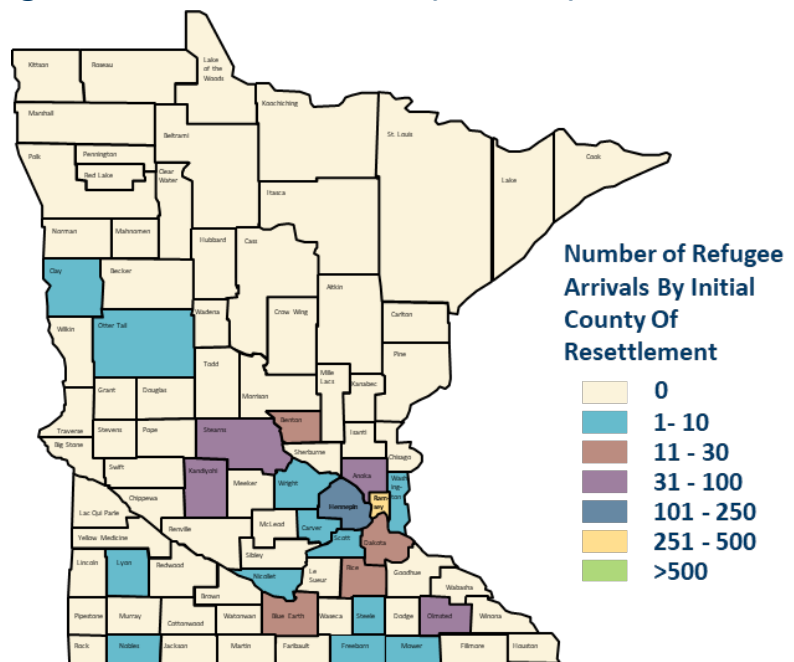
Individuals with refugee status often decide which community and county to settle in based on family or community ties, access to housing, and employment. Ramsey and Hennepin counties continued to receive the majority of newly arriving refugees in 2017. Due to low arrival numbers in the United States, many of our counties saw a decrease in arrival numbers in 2017 compared to 2016.

We continue to work with counties and other partners to increase the proportion of secondary refugees (refugees who originally resettled in a different state but moved to Minnesota within one year of U.S. arrival) who are identified and screened. Among the 552 secondary refugee notifications to the RHP in 2017, 225 (88 percent) of 255 who met eligibility were screened. County-specific screening rates are included for those with 20 or more secondary refugees.

## 2017 Primary Refugee Arrivals to Minnesota (N=1,103)

- Anoka
- Benton
- Dakota
- Hennepin
- Kandiyohi
- Olmsted
- Ramsey
- Rice
- Stearns
- Metro:
  - Carver
  - Scott
  - Washington
  - Wright

- South Central:
  - Blue Earth
  - Nicollet
- South East:
  - Freeborn
  - Mower
  - Steele
- South West:
  - Lyon
  - Nobles
- West Central:
  - Clay
  - Otter Tail



## Health Screening Indicators

The Refugee Health Program has set these measurable objectives below to evaluate the implementation of the Minnesota Refugee Health Assessment for newly-arrived primary refugees. On the following page, the columns on the right of the chart highlight the health screening indicators specific to your county, showing how effectively these objectives were met. Together with Significant Findings and Trends and Health Status data summary, this report is a snapshot of the newly-arrived primary refugees' demographics and their health needs.

**Objective 1.** Within 90 days of arrival, 95% of newly arrived refugees who are eligible\* will have received a health assessment.

**Objective 2.** Ensure immunizations will be initiated or continued according to the recommended MDH child and adult immunization schedules on 90% of persons provided a health screening.

**Objective 3.** Ensure evaluation for 100% of refugees arriving with infectious TB disease, non-communicable for travel purposes (Class A) and 95% with non-infectious TB disease (Class B1).

**Objective 4.** Within 90 days of arrival, 85% of persons in need of therapy for latent TB infection (LTBI) will have been placed on such therapy.

**Objective 5.** On an ongoing basis, 70% of persons placed on therapy for latent tuberculosis infection (LTBI) will have completed therapy.

**Objective 6.** On an ongoing basis, 95% of persons provided a health screening will receive a hepatitis B surface antigen (HBsAg) test.

**Objective 7.** On an ongoing basis, 95% of persons provided a health screening will get tested for parasitic infections.

**Objective 8.** On an ongoing basis, more than 95% of all children ages 16 and younger who receive a health screening will be screened for lead poisoning.

**Objective 9.** On an ongoing basis, more than 95% of persons age 13-64 provided a health screening will receive a Human Immunodeficiency Virus (HIV) test.

**\*Ineligible if:** moved out of state, moved to unknown destination, unable to locate due to invalid contact information, never arrived to county, no insurance, or died before screening.

## 2017 Health Screening Indicators

All results are based on domestically completed screenings.

### Health Screening Rate

Performance Goal	Objective	Measure	Data for Year 2017
Increase percentage of newly arrived refugees* who receive a health assessment within 90 days of their arrival	Percentage of persons who received at least the first visit of their health assessment within 90 days of their arrival	# of newly arrived refugees to Minnesota who received at least the first visit of their health assessment within 90 days of arrival / # of newly arrived refugees to Minnesota who were eligible for a screening	<b>Objective:</b> 95%  <b>State:</b> 965/(1,103-14), 89%

### Immunizations

Performance Goal	Objective	Measure	Data for Year 2017
Increase percentage of newly arrived refugees who have immunization series initiated or continued according to recommended MDH child/adult immunization schedules	Percentage of persons who have immunization series initiated or continued according to the recommended MDH child/adult immunization schedules	# of newly arrived refugees to Minnesota with immunization series initiated or continued / # of newly arrived refugees to Minnesota who received a screening	<b>Objective:</b> 90%  <b>State:</b> 985/1,068, 92%

### TB

Performance Goal	Objective	Measure	Data for Year 2017
<i>Follow-up of Refugees with TB Class Conditions</i> Increase percentage of newly arrived refugees designated as TB Class A or B1 who are appropriately evaluated	Percentage of newly arrived refugees designated as TB Class A or B1 who are appropriately evaluated	# of newly arrived refugees to Minnesota designated as TB Class A or B1 and who are appropriately evaluated / # of newly arrived eligible refugees to Minnesota designated as TB Class A or B1	<b>Objective:</b> 100% Class A 95% Class B1  <b>State:</b> 0/0, n/a Class A 57/61, 93% Class B1
<i>LTBI Therapy</i> Increase percentage of newly arrived refugees in need of therapy for latent tuberculosis infection (LTBI) who have been placed on such therapy	Percentage of persons in need of therapy for LTBI who are placed on such therapy	# of newly arrived refugees to Minnesota in need of LTBI therapy and placed on such therapy / # of newly arrived refugees to Minnesota in need of LTBI therapy	<b>Objective:</b> 85%  <b>State:</b> 536/649**, 83%
Increase the percentage of newly arrived refugees who have been placed on therapy for LTBI and have completed therapy	Percentage of persons who are placed on therapy for LTBI and have completed therapy	# of newly arrived refugees to Minnesota in need of LTBI therapy and who have been placed on and completed LTBI therapy / # of newly arrived refugees to Minnesota placed on LTBI therapy	<b>Objective:</b> 70%  <b>State:</b> 466/536**, 87%

## Hepatitis B

Performance Goal	Objective	Measure	Data for Year 2017
Increase percentage of newly arrived refugees who have received a hepatitis B surface antigen (HBsAg) test	Percentage of persons who receive a hepatitis B surface antigen (HBsAg) test	# of newly arrived refugees to Minnesota who received HBsAg test / # of newly arrived refugees to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 1,058/1,068, 99%

## Intestinal Parasites

Performance Goal	Objective	Measure	Data for Year 2017
Increase percentage of newly arrived refugees who are tested for parasitic infections (parasitosis)	Percentage of persons who are tested for parasitic infections (O&P and/or serology)	# of newly arrived refugees to Minnesota tested for parasitic infections (O&P and/or serology) / # of newly arrived refugees to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 669/1,068***, 63%

## Lead Poisoning

Performance Goal	Objective	Measure	Data for Year 2017
Increase percentage of newly arrived refugees < 17 years old who are screened for lead poisoning	Percentage of newly arrived refugees < 17 years old who are screened for lead poisoning	# of newly arrived refugees to Minnesota who are < 17 years old and screened for lead poisoning / # of newly arrived refugees < 17 years old to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 473/483, 98%

## HIV

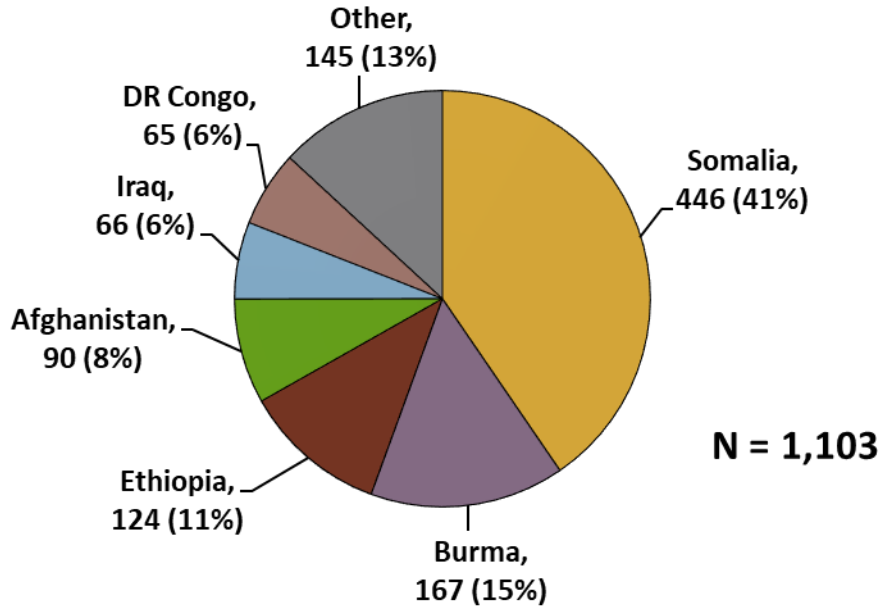
Performance Goal	Objective	Measure	Data for Year 2017
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	# of newly arrived refugees to Minnesota tested for HIV ages 13-64 years / # of newly arrived refugees ages 13-64 years to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 649/655, 99%

\*Newly arrived refugees refers to all newly arrived refugees **eligible** for refugee health screening in Minnesota.

\*\*Based on 2016 data which reflects the most recent completion date for 9-month treatment protocol.

\*\*\*1,057/1,068 (99%) evaluated for eosinophilia through a complete blood count. Of these, 202 (19%) of those had eosinophilia detected, and 70 (35%) of those received further evaluation.

## Number of Primary Arrivals<sup>◊</sup> to Minnesota 01/01/2017 through 12/31/2017



<sup>◊</sup>**Primary arrival** is a refugee who is residing in the state listed as the initial point of destination with the United States Citizenship and Immigration Services. Refugees are free to move from state to state, but sponsors, resettlement agencies, and state refugee programs are generally designed to serve only newly arrived primary refugees to the state.

“Other” includes Bhutan (36), Eritrea (15), Sudan (15), Ukraine (14), Syria (10), Belarus (7), Russia (6), Moldova (5), Cameroon (4), El Salvador (4), Kenya (4), Mexico (4), Liberia (3), Philippines (3), Vietnam (3), China (2), Dominican Republic (2), Honduras (2), Nepal (2), Djibouti (1), Guatemala (1), Indonesia (1), and South Sudan (1).

### Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*  
Of the 1,103 new primary refugee arrivals to Minnesota, 1,089 were eligible for a health screening and 965 (89%) were screened within 90 days.
- *Overall screening rate:*  
Of the 1,089 eligible for a health screening, 1,068 (98%) were screened.

### Outcome for Those Not Screened

- Fourteen refugees ineligible for screening could not be located due to incorrect contact information.
- Of the 21 refugees eligible for screening, contact failed with 12, 4 were screened but no results were reported, 3 refused screening, and 2 missed appointments.

### Flat Free Reimbursement

- Three refugees received flat fee reimbursement in Minnesota. All of these were paid in full.

### Health Status of New Refugees, Minnesota, 2017

Health Condition	No. infected among screened (%)
TB infection*	223/1,045 (21%)
Hepatitis B infection**	38/1,058 (4%)
Parasitic infection***	141/669 (21%)
Syphilis infection	9/579 (2%)
HIV infection	0/1,024 (0%)
Elevated Blood Lead****	60/473 (13%)

Total number of health screenings: N<sub>Minnesota</sub> = 1,068 (98% of the 1,089 eligible refugees)

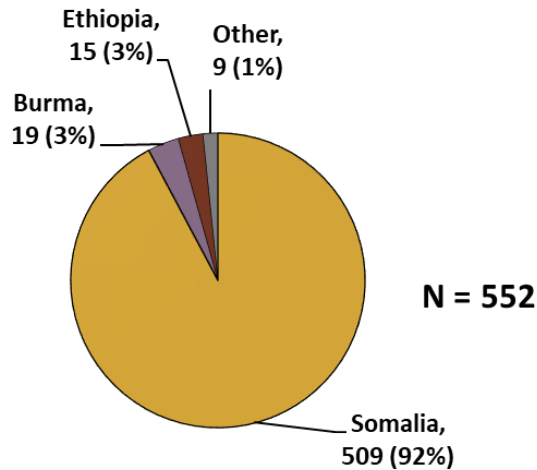
\* Persons with LTBI (QFT+ or ≥ 10mm induration w/ normal CXR) or suspect/active TB disease

\*\* Positive for Hepatitis B surface antigen (HBsAg)

\*\*\* Positive for at least one intestinal parasite infection

\*\*\*\*Children <17 years old (N<sub>Minnesota</sub> = 483 screened); Lead Level ≥ 5 ug/dL

## Number of Secondary Arrivals<sup>◊</sup> to Minnesota 01/01/2017 through 12/31/2017



<sup>◊</sup>**Secondary arrival** is a refugee who is no longer residing in the state listed as the initial point of destination with the United States Citizenship and Immigration Services. Refugees are free to move from state to state, but sponsors, resettlement agencies, and state refugee health programs may only be able to provide limited services to secondary arrivals.

### Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (256 arrivals), Stearns (88), Kandiyohi (78), Rice (35), and Ramsey (28).
- Ten counties each reported less than 20 secondary arrivals.

### Screening Rate

- Of the 552 secondary arrivals to Minnesota, 255 (46%) were eligible for screening and 225 (88%) of those were screened.
- Among counties reporting 20 or more secondary refugees arrivals, Hennepin screened 96 (83%) of 115 eligible for screening, Stearns screened 56 (100%) of 56 eligible, Kandiyohi screened 13 (76%) of 17 eligible, Rice screened 18 (90%) of 20 eligible, and Ramsey screened 8 (80%) of 10 eligible.

### Outcome for Those Not Screened

- Among the 297 secondary refugees ineligible for screening, 238 completed screening in another state, 8 could not be located, 47 had arrived in the U.S. over one year prior to notification, and 4 moved out of Minnesota.

- Among the 30 secondary refugees eligible for screening, 2 had completed some screening in another state but needed follow-up, 6 were screened but no results were reported, contact failed for 7, 2 missed appointments, and 13 refused screening.

### Health Status of Secondary Refugee Arrivals, 2017

Health Condition	No. infected among screened (%)
TB infection*	58/218 (27%)
Hepatitis B infection**	9/188 (5%)
Parasitic infection***	44/138 (32%)
Syphilis infection	4/122 (3%)
HIV infection	0/192 (0%)
Elevated Blood Lead****	6/104 (6%)

Total number of health screenings: N<sub>Secondaries</sub> = 225 (88% of the 255 eligible refugees)

\* Persons with LTBI (QFT+ or ≥ 10mm induration w/ normal CXR) or suspect/active TB disease

\*\* Positive for Hepatitis B surface antigen (HBsAg)

\*\*\* Positive for at least one intestinal parasite infection

\*\*\*\* Children <17 years old (N<sub>Secondaries</sub> = 115 screened); Lead Level ≥5 ug/dL